are being provided through a network of the following institutions in the country :-

i)	District level Post Partum Centres	550
ii)	Sub-district level Post Partum Centres	1012
iii)	Urban Family Welfare Centres	1083
iv)	Health Posts	871

Apart from the above, implementation of health programmes is being carried out through resources allocated to the Sttate Governments directly by the Planning Commission. Central Government has also launched the following major National Health Programmes to augment the work being done by the States :-

(1) National Malaria Eradication Programme.
(2) National Leprosy Eradication Programme.
(3) National Tuberculosis Control Programme.
(4) National Programme for Control of Blindness.
(5) National AIDS Control Programme.
(6) National Family Welfare Programme.

(c) and (d) The outlays and targets for the Ninth Five Year Plan have not yet been finalised.

Kailash Mansarover Yatra

3394. PROF. RITA VERMA : Will the PRIME MINISTER be pleased to state :

(a) whether Journey to Mansarovar Kailash from Uttar Pradesh is difficult;

(b) whether the travellers will not have to walk if the journey starts from Laddakh;

(c) if so, the reason for which journey to Mansarovar Kailash is undertaken via Uttar Pradesh instead of Laddakh;

(d) whether the Government propose to arrange the journey through Laddakh for the convenience of the travellers in future;

(e) if so, by when and the scheme and policy of the Government in this regard; and

(f) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRIMATI KAMLA SINHA) : (a) The Kailash Manasarovar Yatra, including the parikramas of Kailash and Mansarovar involves journey by foot or on horseback across mountainous terrain.

(b) Any route used for the Yatra and parikrama will involve journey by foot or on horseback due to the mountainous terrain and the nature of the Yatra.

(c) In terms of the bilateral agreement between India and China in 1981, the Kailash Manasarovar Yatra is conducted through the Lipulekh Pass in Uttar Pradesh.

(d) to (f) Government has taken up the issue of opening additional routes for conducting the pilgrimage, including through Ladakh. These proposals are under discussion with the Chinese Government.

Slum Areas in Chandigarh

3395. SHRI SATYA PAL JAIN : Will the Minister of URBAN AFFAIRS AND EMPLOYMENT be pleased to state :

(a) whether there are large slum areas in Union Territory of Chandigarh;

(b) if so, the details of total population in slum areas and number of Jhuggies therein;

(c) whether the basic facilities like water, electricity, schools, dispensary etc. have been provided in these areas;

(d) if so, the details thereof and if not, the reasons therefor; and

(e) the steps being taken to provide the basic facilities to Jhuggis dwellers?

THE MINISTER OF STATE OF THE MINISTRY OF URBAN AFFAIRS AND EMPLOYMENT (DR. U. VENKATESWARLU) : (a) and (b) As per the statement enclosed.

(c) to (e) The information is being collected and will be laid on the Table of the Sabha.

Statement

1. Colony No. 4, Industrial Area Phase-I.
2. Janat Colony, Sector-25.
3. Kumhar Colony, Sector-25.
4. Madrasi Colony, Sector-26.
5. Gwala Colony, Near Railway Bridge.
6. Randhawa Colony, Near Railway Crossing.
7. Labour Colony, Sector-31C.
8. Labour Colony, Sector-53, near Village Kajheri.
9. Labour Colony, near village Karsan, Phase-II.
10. Labour Colony, village Palsora.
11. Kuldip Colony, Sector-52.
12. Adarsh Colony, Sector-54.
13. Sukhnagar Colony, Sector-52.
14. Pandit Colony, Sector-52.

Water supply, by the way of drinking water taps has been made in various colonies. The further steps proposed to be taken are :-

i) Tubewells are to be installed in various colonies.

ii) Underground reservoirs are proposed to be constructed.

iii) Sewer line in place of open system is being laid in various colonies.

iv) Sulabh Sauchalayas are proposed to be constructed in Bapu Dham Colony and Colony No. 5.

v) Roads in various colonies are being strengthened.

According to the information furnished by TCPO the estimated slum population of Chandigarh was 1.612 lakhs in 1991.

Vigilance Cases

3396. SHRI MRUTYUNJAYA NAYAK : Will the PRIME MINISTER be pleased to state :

(a) whether a large number of vigilance cases are pending for more than five years against officers of his Ministry:

(b) if so, the category-wise breakup thereof;

(c) whether in most cases the officers belonging to SC/ST have been falsely implicated by their colleagues and senior officer so that they are denied promotions and foreign posting; and

(d) if so, the steps proposed to be taken to mitigate the situation?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI SALEEM IQBAL SHERVANI) : (a) and (b) No, Sir. The total number of vigilance cases on-going for over five years are very few. Cases, as they come up, are not considered on the basis of categories, but on the nature and gravity of the charges.

(c) and (d) Vigilance cases are instituted on the basis of specific prima facie charges against an errant officer, in consultation with the appropriate authorities. There is no question of any category being a factor in the institution of vigilance cases. The aim of vigilance in this Ministry is to take as speedy and constructive decisions as possible, generally with the aim of reform and rehabilitation. To fulfill this aim, all efforts are made to adopt a sympathetic view so that issues are resolved with a sense of justice and fair play towards all concerned.

Smoking Trends

3397. SHRI MANIKRAO HODLYA GAVIT : Will the PRIME MINISTER be pleased to state :

(a) whether any country-wids survey of smoking of cigarettes/bidts trends has been carried out;

(b) if so, the details thereof alongwith the results thereof; and

(c) the steps taken/proposed to be taken by the Government to discourage smoking?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) and (b) The National Sample Survey Organisation included questions on tobacco during the 43rd Round of survey on Consumer Expenditure in 1987-88. Based on this survey, it is estimated that approximately 19.4 crore men and 4.5 women above 15 years of age consume tobacco in some form or the other in India. This was only a one time survey and hence no trend analysis is possible. However, indirect estimation suggests that there has been an increase in the tobacco use in India during the last 8 to 10 years.

(c) Under administrative instructions, tobacco smoking is prohibited in Hospitals, dispensaries and other health care establishments, educational institutions, Conference Rooms, Domestic air flights, air-conditioned chair cars and airconditioned sleeper coaches in trains, sub-urban trains and air-conditioned buses under the control of Government of India. Smoking has also been prohibited in public places and public conveyances in the National Capital Territory of Delhi. In addition the following measures have been taken to discourage consumption of Tobacco :

(i) As per the Cigarettes (Regulation of Production, Supply and Distribution) Act., 1975 it is mandatory to display health warning on all cartons/packets of cigarettes.

(ii) Under the Privention of Food Adulteration Rules 1955 a warning 'Chewing' of tobacco is injurious to health is mandatory.

(iii) Direct advertisements relating to tobacco or tobacco related products are prohibited on Doordarshan.

(iv) Health Education.

[Translation]

Medical Colleges

3398. VAIDYA DAU DAYAL JOSHI :
SHRI RANJIB BISWAL :
SHRI JAI PRAKASH AGARWAL :
SHRI MAHESH KUMAR M. KANODIA :
SHRI G.A. CHARAN REDDY :
SHRI HANSRAJ AHIR :

Will the PRIME MINISTER be pleased to state :

(a) the number of Allopathic, Ayurvedic, Homoeopathic and Unani medical colleges in the country at present, separately, state-wise;

(b) the number of Allopathic, Ayurvedic, Homoeopathic and Unani medical colleges out of them being run by the Union Government and State Governments separately;